

# Deborah Hughes Gila County Assessor

1400 E ASH STREET  
GLOBE AZ 85501

Property Tax Exemptions  
A.R.S. 42-11111



## Who Is Entitled To An Exemption?

Some Widows, Widowers, and Totally Disabled Persons Age 18 or over, may be eligible.



## If Qualified, How Does One Benefit?

The "Assessed Value" of your property may be reduced up to **\$3,601 of "Assessed Value"**.

## Is the Exemption For My House Only?

No, the Exemption is applied to the Real Estate first, then to a Manufactured Home or Mobile Home, and last of all, an Automobile.



## What Are The Qualifications?

You must be a Resident of Arizona  
Total Assessed Value of your Property,  
In Arizona cannot exceed **\$24,469 of  
"Assessed Value"**.

Income from all sources, excluding Social Security, cannot exceed **\$30,008**. If children under 18 years of age reside in the Household, income cannot exceed **\$36,009**. The Disability must be total and permanent and certified by an Arizona Licensed Physician.

# Documents Required With Application

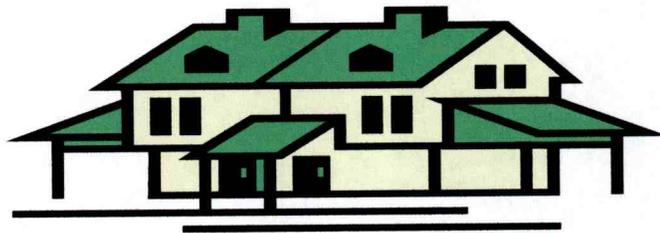
## Disabled Persons:

Medical Certificate from an Arizona  
Licensed Physician on a Form Available from  
The Gila County Assessor's Office on request



## Widows and Widowers:

Copy of Spouse's Death Certificate  
Must have been a Resident of Arizona  
At the time of Death



## When and Where do I Apply?

**First time applicants must apply in person with the Gila County Assessor,  
Apply after January 1, and before May 31, at one of the following offices.**

Globe-Miami Area:  
Gila County Assessor's Office  
1400 East Ash Street  
Globe, Arizona 85501  
928-402-8714  
1-800-304-4452

Payson Area:  
Gila County Assessor's Office  
201 West Frontier Street  
Payson, Arizona 85541  
928-472-7973

## First time Applicants Must Apply in Person

Thereafter, the exemption may be completed by mail.  
For more details, or specific questions, Telephone 928-402-8711 or 928-402-8710  
Or 1-800-304-4452 Extension 8710 or 8711

**Gila County Assessor  
1400 E Ash Street  
Globe AZ 85501**



## Gila County Assessor

1400 E. Ash St., Globe, Arizona 85501

### WIDOWS/WIDOWERS OR DISABLED EXEMPTION FORM FINANCIAL STATEMENT Tax Year 2013

Applicants for property tax exemption must provide **ALL** income for **2012**. Please answer the following questions.

1. Do you file an **ARIZONA STATE INCOME TAX RETURN**? YES\_\_\_ NO\_\_\_

If you answered **YES**, please **furnish** our office with a **Copy** of your **2012 ARIZONA STATE INCOME TAX RETURN**. (Adjusted Gross Income from Arizona Income Tax Form 140)

2. Is Social Security your only source of Income? YES\_\_\_ NO\_\_\_

3. Do you receive a pension of any kind? YES\_\_\_ NO\_\_\_  
From Whom \_\_\_\_\_  
Amount \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

4. Do you receive interest from any of the following? YES\_\_\_ NO\_\_\_  
CHECKING AMOUNT PER YEAR \$ \_\_\_\_\_  
SAVINGS AMOUNT PER YEAR \$ \_\_\_\_\_  
CD'S AMOUNT PER YEAR \$ \_\_\_\_\_  
INVESTMENTS AMOUNT PER YEAR \$ \_\_\_\_\_

5. Did you receive any money from sale of property? YES\_\_\_ NO\_\_\_  
Amount \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

6. Do you receive any other type of income not listed above? YES\_\_\_ NO\_\_\_  
From Whom \_\_\_\_\_  
Amount \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

7. Please furnish our office with the year, make & model of all vehicles in your name.  
A. YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_  
B. YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_  
C. YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

**PLEASE RETURN THE FINANCIAL FORM (A COPY OF YOUR 2012 AZ STATE INCOME TAX RETURN) AND THE AFFIDAVIT BY MAY 31, 2013 TO THE ADDRESS LISTED ABOVE.**  
IF YOU HAVE ANY QUESTIONS PLEASE CALL (928) 402-8711 OR 1-800-304-4452 EXT. 8711.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CERTIFICATION OF DISABILITY FOR PROPERTY TAX EXEMPTION

Pursuant to A.R.S. § 42-11151, 42-11152, 42-11153 and Article IX, Sections 2, 2.1, 2.2 and 2.3 Arizona Constitution

## MEDICAL CERTIFICATE FOR TOTALLY AND PERMANENTLY DISABLED PERSONS

Submit this form to the County Assessor's Office no later than the last day in February of each year.

Applicant's Name:	_____	_____	_____
	(Last)	(First)	(Initial)
Address:	_____		
	(Street)		
	_____	_____	_____
	(City)	(State)	(Zip)
Date of Birth:	____/____/____		
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>

### TO BE COMPLETED BY THE EXAMINING PHYSICIAN OR PSYCHIATRIST:

In order to qualify for the property tax exemption for disabled persons, a person must be totally and permanently disabled, either physically or mentally, **resulting in that person's inability to engage in any substantial gainful activity.**

The disability must be expected to last for a continuous period of not less than 12 months. The person must be **certified** as totally and permanently disabled by a competent medical authority.

### I HEREBY CERTIFY THE APPLICANT'S CONDITION AS STATED BELOW:

Mental or physical disability is considered to be TOTAL and PERMANENT and the applicant is unable to engage in any substantial gainful activity. Yes  No

\_\_\_\_\_  
Physician or Psychiatrist's Signature

\_\_\_\_\_  
Date

Type or Print

\_\_\_\_\_  
Physician or Psychiatrist's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( \_\_\_\_\_ )

\_\_\_\_\_  
Phone Number

**Physician/Psychiatrist's Office Stamp:**